



Camp Registration Form

Please complete and email this application form to Robyn Henning, Grief Counselor at Robyn.Henning@LifeCare.org.
For questions, please call 910-796-7924.

Child's Name: _____ T-shirt Size: _____
Last First Middle Nickname

Address: _____
Street City State Zip

Date of Birth: _____ Age: _____ ☐ M ☐ F School: _____ Grade in Fall: _____

Mother/Guardian's Name: _____ Daytime Phone #: _____ Email: _____

Father/Guardian's Name: _____ Daytime Phone #: _____ Email: _____

So we may serve your child's individual needs, please answer the following questions:

Who lives in the home with your child (Parents, brother and sisters, etc.): _____

Does your child have any medical problems or allergies? _____

List current medication (s) child is taking: _____

Has your child previously had any counseling? Explain: _____

Name of person(s) who died? _____ Date of death: _____

Was the deceased person a hospice patient? ☐ Yes ☐ No Relationship to child (i.e. mother, grandfather, etc.): _____

What did the child call this person (i.e. Papa, Nana, etc.): _____ Cause of death (i.e. heart attack, accident): _____

Is the child aware of the circumstances concerning the death? _____

Have you noticed any changes with the child since the death? Please explain: _____

What questions or concerns has your child expressed since the death? _____

Are there any other important facts we should know about your child? _____

Signature of Parent/Guardian: _____ Date: _____